

The Awakening of a Giant: Recruiting the Disability Community as a Coalition Partner

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Introduction

Brewster Thackeray, Vice President and Director of Communications at the National Organization on Disability (NOD), puts it perfectly when he raises the question, “What politician can afford to overlook one-fifth of the nation’s voting-aged population?” What Thackeray is alluding to is the population of approximately 40 million Americans with disabilities who are of voting age. “Though not as cohesively identified as other minority groups,” he explains, “the disability vote is one that politicians ignore at their peril.” Thackeray, pointing to a NOD/Harris poll, points out that there may have been a drastically different outcome to the 2000 presidential election had the candidates paid more attention to their disabled constituents. Of the 41 percent of those with disabilities who voted in that election (16.4 million people), George W. Bush received almost five million votes while Al Gore got nearly nine million. If people with disabilities had voted at the same rate as other Americans, just over 50 percent, while their split on the candidates remained constant, the gap between them would have increased by less than a million votes. Recalling that Gore won the popular vote by 544,000, but lost Florida by well under a thousand votes, the above scenario would have given Gore a more decisive victory in the popular vote and a win in the electoral college. “Even if only Floridians with disabilities had turned out at the same rate as other Florida voters, the Supreme Court would never have had a case to decide,” argues Thackeray (Thackeray, 2004).

The 2000 election serves as proof that if people with disabilities were to organize more collectively, like countless other minority groups, they could serve as a powerful coalition partner for any politician. People with disabilities may be the “sleeping giant” of American politics (Zola, 1993, cited in Schriener & Shields, 1998, 37). The purpose of this paper is to show the value of the disability community as a coalition partner to a political candidate in a city like Philadelphia, Pennsylvania. In order to demonstrate this, several questions require answers: What is a coalition? What constitutes a disability? Why do people with disabilities participate less in politics than those without disabilities? How can a politician garner the support of people with disabilities to form a coalition that is

mutually beneficial and prominent enough to help secure election into office? With this knowledge in hand, it will be apparent why Philadelphia's political aspirants would be wise to cater to the hearts and minds of people with disabilities throughout the city.

What is a coalition?

Building a coalition means empowering communities to build their own futures by interconnecting opportunities to achieve healthy, strong, and sustainable community life. Building healthy communities is about power, not programs (Kurland & Zeder, 2001, 286). Alan L. Saltzstein makes clear that the limited power within a city requires leaders to "interact with potential allies to acquire the resources and public support needed to bring forth changes" (Saltzstein, 2003, 108). Community empowerment implies that coalitions must have access to all information relevant to designing appropriate programs and assessing their merits.

The promise of coalitions depends upon the government seeing that the needs of the people are more important than the inertia of bureaucracies (Kurland & Zeder, 2001, 291). Leaders need to recognize power as a resource that can pull together the diverse sources of influence in an urban area (Saltzstein, 2003, 200). Conversely, communities need to collaborate with political elites in order to further their agendas. Barbara Ferman touches on this issue:

"Groups seeking incorporation essentially have three choices: they can use the logic of the dominant arena to make their case they can seek to change the underlying logic of the dominant arena or they can shift operations to another arena if the first two options are not viable" (Ferman, 1996, 6).

Essentially, the three choices Ferman describes are the three types of coalitions a group can use to gain power. Respectively, a group can join into a coalition with the current regime; establish a coalition with other groups with similar interests and attempt to garner public support to gain concessions from the current regime; or establish a coalition with opponents of the current regime and beat the incumbent in the general election.

The second strategy, using public protests to garner support, is effective in gaining concessions. Unfortunately, because there is no coalition with the regime in power, any changes are usually temporary. Electoral mobilization, which relates itself to the first and third strategies, can revolutionize public policies within a city. Two ways to achieve electoral mobilization are, a biracial coalition, and, a multiracial/ethnic coalition (Browning, Marschall, & Tabb, 2003).

In the 1999 mayoral election, John Street was able to form a biracial coalition as he carried 97 percent of the votes among blacks and roughly 17 percent of the white vote. His campaign focused on issues that were sensitive to

working class Philadelphians. Street vowed to bring the city's toughest neighborhoods out of poverty. In his inaugural speech, Street proclaimed:

"I will launch an all-out, systematic effort to remove blighted buildings and reclaim the overgrown, polluted lots that dot our city. We will turn a negative into a positive and work with neighborhood residents, political leaders, and local businesses to return this land to useful purposes" ("Big-City Mayors Are," 2000).

Four years later, Mayor Street was able to secure re-election even though it became public that the FBI bugged his office. His coalition was able to spin the bugging as a conspiracy by supporters of his opponent, a white Republican named Sam Katz, to get the Mayor out of office. Philadelphia's African American population was again mobilized as it felt Street was a victim of dirty politics.

In 1997, Lee P. Brown became Houston's first black mayor thanks to the formation of a multiracial/ethnic coalition to combat an initiative to scrap the city's affirmative action program. Among community leaders who supported Brown were Richard G. Castaneda, Richard W. Lewis, and Brian G. Smith. Castaneda, a Mexican-American and owner of an engineering firm in metropolitan Houston, sided with Brown because he trusted the candidate's promise to be fair with Latinos. In addition, as a businessman who got 70 percent of his work through the affirmative action program, Castaneda needed a connection at City Hall. Lewis, a white man and owner of a local construction company, was no friend of affirmative action. He risked alienating the people he worked with by backing Brown, but he too depended on a friendly City Hall. With ninety percent of his business coming from municipal contracts, Lewis supported Brown for one simple reason: Brown was leading in the polls. Smith, a black architect who runs his own construction inspection company wanted a mayor friendly to affirmative action. He remembered the affront of being denied work because of his race. When the polls closed, Brown vindicated the men who supported him, defeating Republican, Rob Mosbacher by six percentage points. Though whites made up slightly more than half the turnout, Brown had won 97 percent of the black vote, 66 percent of the Hispanic, and 23 percent of the white, according to exit polls (Navarro, 2000).

Any coalition that included people with disabilities would mirror the partnership formed by Lee P. Brown in Houston. If it could ever organize itself, the disability community, in a city like Philadelphia, could become a part of a multiracial/ethnic/ability coalition with the capability to uplift the lives of all people with disabilities in real, sustained ways. This scenario is a stark contrast to the present, as small factions of disability organizations depend on social protest to make insignificant gains that only benefit the few.

What constitutes a disability?

The most difficult obstacle Americans with disabilities need to overcome is finding an all-encompassing definition for their minority group. Every disability is different. Therefore, explains Jean Flatley McGuire, “. . . individuals claim different levels of empowerment and self-sufficiency by relying on radically different ranges of supporting accommodations. The costs of these supports, and the societal acceptance of them as facilitating tools rather than expressions of dependency, vary greatly” (McGuire, 1994, 2). With an endless range of abilities and a plethora of needs among people with disabilities, it was near impossible for lawmakers to create policy that reached everybody who considered themselves disabled.

Senator Gordan Humphrey, during debates on the Civil Rights Restoration Act (1985), characterized blindness, deafness, and physical limitations as “traditional disabilities.” The senator from New Hampshire was indicating that these conditions are more acceptable throughout society. “By implication, then, there are others, primarily mental impairments, that are not so acceptable,” charges McGuire (1994, 2). “Although these challenges usually have come from outside its own ranks, the disability community itself has not been entirely immune to the social construction of deservingness among its own members.” The differences among Americans with disabilities are many in regards to the construction of each condition. There lies the biggest obstacle in defining what constitutes disability. “These differences limit the meaning of shared oppression and, therefore, the potential to claim solidarity on that basis” (McGuire, 1994, 2).

The Americans with Disabilities Act (ADA), signed into law by President George Bush in 1990, was a cohesive victory for the disability movement on two fronts. First, the ADA was the first disability-only civil rights initiative. It was the broadest piece of legislation in history as it provided protections in the areas of employment, telecommunications, transportation, and public accommodations. Second and perhaps overlooked by many, is the disability community’s achievement in finding common ground “regarding the interests of groups that would be differently affected by the proposed accommodations . . .” (McGuire, 1994, 5). In the ADA, disability is defined as: a physical or mental impairment that substantially limits that person in one or more major life activities, has a record of such a physical or mental impairment, or is regarded as having such a physical or mental impairment (McGuire, 1994).

The ADA definition of disability succeeds in being all-encompassing, but for a political hopeful, it is too clinical. Political figures need a tangible definition that points specifically to men and women within their constituency. It is impossible to build a coalition with a clinical diagnosis. Coalitions need people.

This is why, in regards to building a coalition, the NOD definition of disability fits best. In their 2000 Survey of Americans with Disabilities (National Organization on Disabilities, 2000), a person was included in the sample of people with disabilities if he or she was:

- Non-institutionalized
- Has a disability or health problem that prevents him or her from participating typically in work, school, or other activities
- Reports having a physical disability; a vision, hearing, or speech impairment; an emotional or mental disability; or a learning disability
- Considers himself or herself to have a disability or says that other people would consider him or her to be a person with a disability

The benefit of the definition used by the NOD over the ADA definition is two-fold. First, it alludes to specific demographic elements that relate to employment, education, and type of disability. These descriptions are the type politicians understand. Additionally, by incorporating people who “consider themselves” as having a disability, it eliminates discrimination among different disability interest groups.

In regards to disability policy, landmark legislation, such as the ADA, resulted from a shift away from the “. . . medical concept of disability as a physical limitation and the economic concept of a disability as a vocational incapacity and income problem” (Yongjoo & Haider-Markel, 2001, 216). The new sociopolitical definition states, “Disability stems from the failure of a structured social environment to adjust to the needs and aspirations of disabled citizens rather than from the inability of a disabled individual to adapt to the demands of society” (Hahn, 1985, cited in Yongjoo & Haider-Markel, 2001). Defined in this manner, a politician should view disability in the same light as gender or skin color. This sociopolitical definition is part of the framework the ADA is based upon. The ADA is an extension of civil rights to people with disabilities that forces policy changes that affect the physical environment. Fifty years ago, disability policy depended on the medical community to find a cure or the improvement of elementary vocational skills (Yongjoo & Haider-Markel, 2001).

Why do people with disabilities participate less in politics than those without disabilities?

Today, disability policy focuses on maintaining that the disability community has all of the same opportunities as people without disabilities. Specifically, it focuses on fundamental rights, such as the chance to go to the polls and vote in an election. The ADA is supposed to remove barriers to political participation of people with disabilities. Unfortunately, the ADA has had only a limited affect with respect to the basic right to vote.

In 1999, Philadelphia mayoral-race rivals John Street and Sam Katz appeared at a midday picnic by Liberty Resources, a nonprofit group that promotes independent living for people with disabilities. Both candidates made a promise to those in attendance to find ways to make the voting process in the city more accessible. However, neither offered any specifics. Street and Katz were reacting to a report from the Committee of Seventy, the city's election watchdog, which stated only 42 of the 1,681 polling places meet ADA accessibility guidelines. Street's campaign hoped to gain an edge by registering voters with disabilities and getting them to the polls by Election Day. The campaign, at that time, estimated that 80,000 people with disabilities and of voting age lived in the city (Infield, 1999). However, Census 2000 (U.S. Bureau of the Census, 2000) reported that the disability status of the civilian, non-institutionalized population of Philadelphians between the age of 21 and 64 years and with a disability was actually 223,058, roughly 27% of the population. It was unknown how the future mayor was defining disability.

Almost two years after that picnic, with Mayor Street now in office, nine individuals with disabilities, along with the NOD, sued the city of Philadelphia contending that city officials had ignored federal disabilities laws and failed to make more than a small fraction of polling places accessible to people who use wheelchairs or are blind. The federal class-action lawsuit came two weeks after city officials announced the awarding of a \$19.3 million contract for more than 3,500 touch-screen voting machines. The suit sought a restraining order blocking delivery unless they were equipped with audio technology allowing people who are blind to use them. What spurred the lawsuit was that one of the losing bidders on the electronic-voting-machine contract had offered to equip the Philadelphia machines with audio for no extra charge (Slobodzian, 2001).

Many states try to accommodate voters with disabilities by allowing them to cast absentee ballots. However, absentee balloting repeatedly proves to be an ineffective tool. Moreover, the disability community deems the procedure as an unacceptable alternative.

Susan Gantman, a Republican, won the last open seat on the Pennsylvania Superior Court in the one of the closest statewide elections in Pennsylvania politics. After 19 recounts, she took the election by just 28 votes. However, Democratic lawyers, who claimed more than 200 mail-in absentee votes were never counted, challenged her election. Election officials deemed the ballots, which belonged to voters who were disabled, elderly, or injured, too late for consideration. The Democrats argued that laws were ignored that allow a later deadline for some voters with disabilities (Blanchard, 2004). Gantman's predicament is not unique. Approximately 2.5 million votes were not counted in the 2000 presidential election due to "voter error." Voters with disabilities who

were struggling to vote on inaccessible systems and absentee ballots made many of these errors (NOD, 2001).

The disability community is rejecting the use of absentee ballots as reasonable accommodation. They see it as a second-class form of voting and a way for state election officials to sidestep requirements to make accessible polling places available. Absentee voting also prevents voters from changing their minds about issues or candidates based on events occurring in the final days leading up to an election (Schriner & Batavia, 2001). Schur, Shields, Kruse, and Schriner (2002, 185) point out, "If millions of people with disabilities perceive these alternative avenues of voting as indicators of their marginalization from mainstream society generally and electoral involvement particularly, they are unlikely to see these avenues of participation as legitimate alternatives."

While external forces, such as inaccessible polling places, prove to be one cause of the participation gap, there are internal causes as well. "Members of minority groups must possess sufficient political efficacy and engagement to express clearly their political needs and interests; otherwise they must rely on elites to infer and respond to their political concerns" (Verba, 1996, cited in Schur, Shields, & Schriner, 2003).

Efficacy is the power to produce an effect ("Efficacy," 2002). Political scientists have defined two aspects of efficacy in relation to people with disabilities. Internal efficacy is a sense of personal competence to understand and participate in politics. External efficacy is a sense that one's political activities will have an influence on what government actually does. Low levels of internal political efficacy among people with disabilities are explained by their lower levels of education, income, and participation in groups (Schur et al., 2003). The mean earnings of year-round, full-time workers, ages 16 to 64 with work disabilities was \$33,109 (U.S. Bureau of the Census, 2002). By comparison, those without work disabilities earned an average of \$43,269 (U.S. Bureau of the Census, 2002). According to the study completed by Schur et al. (2003), "Perceptions of external political efficacy . . . remain significantly lower among non-employed people with disabilities . . ." due to ". . . the way in which they perceive the government to be unresponsive to their concerns." The NOD reports that among working-age people with disabilities (aged 18-64); only 32 percent are employed full or part-time, compared to 81 percent of working-age people without disabilities. Schur et al. (2002) declare that disability, apart from external resources constraints, "often has social and psychological effects that decrease voter turnout through decreased social capital and identification with mainstream society."

How can a politician garner the support of people with disabilities to form a coalition that is mutually beneficial and prominent enough to help secure election into office?

While there are plenty of gaps in the statistics between people with and without disabilities, certain social and economic indicators have gotten better for people with disabilities. Over the past decade and a half, education and employment has shown signs of improvement. In their conclusion, Schur et al. (2003, 142) indicate “. . . education and employment, along with their important economic and social effects, may help increase efficacy levels of people with disabilities.” Therefore, it would seem prevalent that politicians concentrate on programs pertaining to these issues in order to bring constituency members with disabilities into a coalition.

Medford is joining about 200 other New Jersey towns that are already involved in the NOD's program known as the Community Partnership Program. The goal of this initiative is full and equal participation for people with disabilities in all aspects of life. Political regimes that partake in these kinds of programs gain supporters with disabilities. None of Medford Township's historic buildings violates the ADA, but its citizens want to make the buildings as easy to use for residents with disabilities as for everyone else. This attempt of going beyond what laws and regulations call for is a model for politicians to follow. If the disability community views its government as being proactive, it will flock to polls in record numbers (Ginsberg, 2000).

One obstacle keeping government officials from teaming up with the disability community is the lack of accurate data about the number of persons within their jurisdiction who are disabled. In many cases, they have never attempted to develop such a database. Because of these failures, it is impossible to perform a needs inventory to see which services or accessibility issues should be prioritized (Switzer, 2001).

In order to correct this problem, government officials at the highest level need to call for studies to develop an agreed-upon way of estimating the number of disabled persons within a community. The aforementioned NOD definition is the best-known definition of disability to date. Therefore, government leaders need to distribute surveys, similar to those used by the NOD, to learn about the needs of their constituency. The disability community would view this as its local government reaching out to them; thus garnering support for the incumbent politicians.

Forming a coalition with the disability community is not much different from coalitions formed with other minority groups. It takes a great deal of initiative on the part of people with disabilities. However, it also requires

politicians that are willing to listen and collaborate with the population of disabled voters.

Conclusion

McGuire eloquently affirms the most important case for a coalition involving the disability community:

“There is virtually no group that lays claim to the notion of community in the political sphere whose members have a homogenous experience of their joint identity. However, in disability, the highly variable results of heredity or accident, and the social construction of that reality, are added to the demographic chance of ethnicity, class, and gender. As a result, disability as a definitional basis for political community has multiple dimensions of difference across which common languages, goals and strategies must be built” (McGuire, 1994, 7).

The point is that disability affects all people. It spares no one. Everybody ages and eventually will encounter mental or physical limitations of some sort. People with disability are an all-inclusive minority that will continue to grow as the Baby Boomer generation grows older.

Perhaps for that reason, politicians are beginning to reach out to people with disabilities in the city of Philadelphia. In March, 2004, City Councilwoman Jannie L. Blackwell introduced legislation that would require any newly constructed housing that is built with government funds be made accessible for people with disabilities (Twyman, 2004).

In addition, officials of Philadelphia agreed to settle the previously mentioned civil-rights lawsuit brought against the city by nine residents with disabilities and the NOD. Under the proposed settlement, by January 1, 2006, each of the city's 1,682 polling places will have at least one electronic voting machine equipped with earphones and audio instructions for use by voters who are blind or visually impaired. The city will also create a Polling Place Access Committee to evaluate the 1,682 polling places in 66 wards that are not accessible to people in wheelchairs. The committee's recommendations (portable ramps, temporary building modifications, or relocation of polling places to accessible buildings) and implementation are to be completed by May 1, 2006 (Slobodzian, 2003).

These are just preliminary steps required to build a multiracial/ethnic/ability coalition, but it is a start. The realization that people with disabilities can influence local politics is the most important step. Whether politicians running for office in Philadelphia and abroad actually follow through and attempt to garner that influence is the true test. Reiterating the question posed by Brewster Thackeray,

“What politician can afford to overlook one-fifth of the nation’s voting-aged population?”

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